

Announced Care Inspection Report 1 October 2019



{my}dentist, Spencer Road

Type of Service: Independent Hospital (IH) – Dental Treatment

Address: 31 Spencer Road, Waterside, Londonderry, BT47 6AA

Tel No: 028 7134 4177

Inspector: Stephen O'Connor

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



In respect of dental practices for the 2019/20 inspection year we are moving to a more focused, shorter inspection which will concentrate on the following key patient safety areas:

- management of medical emergencies
- arrangements in respect of conscious sedation, if applicable
- infection prevention and control
- decontamination of reusable dental instruments
- radiology and radiation safety
- management of complaints
- regulation 26 visits, if applicable
- review of areas for improvement from the last inspection, if applicable

2.0 Profile of service

This is a registered dental practice with five registered places.

3.0 Service details

Organisation/Registered Person: IDH Acquisitions Limited Responsible individual: Ms Nyree Whitley	Registered Manager: Ms Shauna McKeefrey
Person in charge at the time of inspection: Ms Shauna McKeefrey	Date manager registered: 25 September 2017
Categories of care: Independent Hospital (IH) – Dental Treatment	Number of registered places: 5

4.0 Action/enforcement taken following the most recent inspection dated 6 December 2018

The most recent inspection of {my} dentist, Spencer Road was an announced care inspection. No areas for improvement were made during this inspection.

5.0 Inspection findings

An announced inspection took place on 1 October 2019 from 13:55 to 16:25.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Standards for Dental Care and Treatment (2011).

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Ms McKeefrey, registered manager, an orthodontist, an orthodontic therapist and a dental nurse. A tour of some areas of the premises was also undertaken.

The findings of the inspection were provided to Ms McKeefrey at the conclusion of the inspection.

5.1 Management of medical emergencies

Management of medical emergencies

A review of arrangements in respect of the management of a medical emergency evidenced that emergency medicines in keeping with the British National Formulary (BNF), and emergency equipment as recommended by the Resuscitation Council (UK) guidelines were retained. It was observed that some of the emergency medicines were stored out of their original packaging; subsequently pertinent information in relation to the medications including the patient information leaflets were not available. An area for improvement under the standards has been made in this regard. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date.

Review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance. The most recent occasion staff completed medical emergency refresher training was during September 2019. Prior to undertaking the practical medical emergency refresher training staff must complete an online training module.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

Areas of good practice

The review of the arrangements in respect of the management of a medical emergency confirmed that this dental practice takes a proactive approach to this key patient safety area. This includes ensuring that staff have the knowledge and skills to react to a medical emergency, should it arise.

Areas for improvement

All medications should be kept in the original packaging. Patient information leaflets should be made available for staff reference.

	Regulations	Standards
Areas for improvement	0	1

5.2 Conscious sedation

Conscious sedation helps reduce anxiety, discomfort, and pain during certain procedures. This is accomplished with medications and (sometimes) local anaesthesia to induce relaxation.

Ms McKeefrey confirmed that conscious sedation is not provided in {my}dentist, Spencer Road.

5.3 Infection prevention and control

Infection prevention and control (IPC)

During a tour of the premises, it was evident that the practice, including the clinical and decontamination areas, was clean, tidy and uncluttered.

The practice continues to audit compliance with Health Technical Memorandum (HTM) 01-05: Decontamination in primary care dental practices using the Infection Prevention Society (IPS) audit tool. This audit includes key elements of IPC, relevant to dentistry, including the arrangements for environmental cleaning, the use of personal protective equipment, hand hygiene practice, and waste and sharps management.

A review of the most recent IPS audit, completed during April 2019, evidenced that the audit had been completed in a meaningful manner and had identified areas of good practice. Ms McKeefrey confirmed that should the audit identify issues, an action plan would be generated and any learning would be immediately discussed with relevant staff. The IPS audits are completed by the dental nurses.

Arrangements were in place to ensure that staff received IPC training commensurate with their roles and responsibilities and during discussion with staff it was confirmed that they had a good level of knowledge and understanding of IPC procedures.

Review of the staff register identified that one clinical staff member was recruited during 2018 and one clinical staff member was recruited during 2019. Review of personnel records in relation to these staff members demonstrated that records were retained to evidence their Hepatitis B vaccination status. These records had been generated by an occupational health (OH) department. Ms McKeefrey was reminded that should clinical staff new to dentistry be recruited in the future they should be referred to occupational health.

Areas of good practice

A review of the current arrangements evidenced that standards in respect of infection prevention and control practice are being given high priority. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.4 Decontamination of reusable dental instruments

Decontamination of reusable dental instruments

A decontamination room separate from patient treatment areas and dedicated to the decontamination process was available. The decontamination room facilitates the flow from dirty through to clean areas for the cleaning and sterilising of reusable instruments. The decontamination room has a designated entrance and exit.

The processes in respect of the decontamination of reusable dental instruments are being audited in line with best practice outlined in HTM 01-05 using the IPS audit tool.

Arrangements were in place to ensure that staff receive training in respect of the decontamination of reusable dental instruments commensurate with their roles and responsibilities.

A review of current practice evidenced that arrangements are in place to ensure that reusable dental instruments are appropriately cleaned, sterilised and stored following use in keeping with best practice guidance as outlined in HTM 01-05.

Appropriate equipment, including a two washer disinfectors and two steam sterilisers, has been provided to meet the practice requirements. The equipment used in the decontamination process had been appropriately validated and inspected in keeping with the written scheme of examination and equipment logbooks evidenced that periodic tests are undertaken and recorded in keeping with HTM 01-05.

Staff are aware of what equipment in the practice should be treated as single use and what equipment is suitable for decontamination. It was confirmed that single use devices are only used for single-treatment episodes and disposed of following use.

Areas of good practice

A review of the current arrangements evidenced that best practice as outlined in HTM 01-05 is being achieved in respect of the decontamination of reusable dental instruments. This includes proactively auditing practice, taking action when issues are identified and ensuring staff have the knowledge and skills to ensure standards are maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.5 Radiology and radiation safety

Radiology and radiation safety

There is a separate x-ray room, which accommodates an intra-oral x-ray machine and a combined orthopan tomogram machine (OPG) and cephalostat.

The radiation protection supervisor (RPS) was aware of the most recent changes to the legislation surrounding radiology and radiation safety. Review of records evidenced that a radiation protection advisor (RPA) and medical physics expert (MPE) have been appointed.

A dedicated radiation protection file containing all relevant information was in place. The RPS regularly reviews the information contained within the file to ensure that it is current.

The intra-oral x-ray machine and OPG are subject to an assurance check by the appointed RPA every three years. A review of the report of the most recent visit by the RPA dated 24 June 2016 demonstrated that any recommendations made have been addressed. It was noted that the RPA assurance checks were slightly overdue; however Ms McKeefrey was aware of this and stated that the RPA was scheduled to visit the practice on 17 October 2019 to undertake the acceptance tests. A copy of the RPA acceptance report was submitted to RQIA on 17 October 2019.

Staff spoken with demonstrated sound knowledge of radiology and radiation safety in keeping with their roles and responsibilities.

The RPS takes a proactive approach to radiation safety and protection by conducting a range of audits, including x-ray quality grading and justification and clinical evaluation recording.

Areas of good practice

A review of radiology and radiation safety arrangements evidenced that the radiation protection supervisor for this practice takes a proactive approach to the management of radiology and radiation safety.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.6 Complaints management

There was a complaints policy and procedure in place which was in accordance with legislation and DoH guidance on complaints handling. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints.

Review of documentation and discussion with Ms McKeefrey evidenced that no complaints have been received since the previous inspection. It was evidenced that appropriate arrangements were in place to effectively manage complaints from patients, their representatives or any other interested party. It was confirmed that records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would be used to identify trends, drive quality improvement and to enhance service provision.

The practice retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Areas of good practice

A review of the arrangements in respect of complaints evidenced that good governance arrangements were in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.7 Regulation 26 visits

Where the entity operating a dental practice is a corporate body or partnership or an individual owner who is not in day to day management of the practice, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Reports detailing the findings of Regulation 26 unannounced quality monitoring visits were reviewed during the inspection. An action plan was developed to address any issues identified and these included timescales and the name of the person responsible for completing the action.

Areas of good practice

A review of reports generated to document the findings of regulation 26 visits evidenced that the visits were in keeping with the legislation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

5.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Ms McKeefrey and staff.

5.9 Patient and staff views

Twenty patients submitted questionnaire responses to RQIA. Patients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All patients indicated that they were very satisfied with each of these areas of their care with the exception of one patient who indicated that they were very unsatisfied in each area. Comments included in submitted questionnaire responses are as follows:

- “Very happy with all aspects of the care/treatment within the practice.”
- “Very friendly caring staff, very informative and caring about the perfect treatment.”
- “Very professional staff from dentist to receptionist. Would recommend to family and friends.”
- “Great care, lovely team.”
- “I am very happy with the treatment my son is having, the staff are great.”

Four staff submitted questionnaire responses to RQIA. Three staff indicated that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led and they indicated they were very satisfied with each of these areas of patient care. One respondent indicated they were very unsatisfied with each of these areas of patient care. No comments were included in submitted staff responses.

No staff spoken with during the inspection indicated they were unsatisfied in relation to any aspect of patient care or the management and operation of the practice. All staff spoke favourably in relation to the practice. Ms McKeefrey agreed to discuss the staff questionnaire responses during the next staff meeting.

5.10 Total number of areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	1

6.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ms McKeefrey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action. It is the responsibility of the registered person to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the dental practice. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

6.1 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Minimum Standards for Dental Care and Treatment (2011)	
Area for improvement 1 Ref: Standard 12.4 Stated: First time To be completed by: 26 November 2019	The registered person shall ensure that all medications are kept in their original packaging. Patient information leaflets should be made available for staff reference. Ref: 5.1 Response by registered person detailing the actions taken: The practice has printed the instruction sheets for all drugs contained within the red drug pouch (emergency drugs kit) and these are now kept with each drug within the pouch. A second red drugs pouch has been purchased and going forward all replacement drugs will remain in their original packaging when they are received

Please ensure this document is completed in full and returned via Web Portal



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